

#4

15BE/KCB
UNITED STATES DISTRICT COURT
~~NORTHERN DISTRICT OF ILLINOIS~~
~~EASTERN DIVISION~~

NO FEE/
NO IFP

Western District of Pennsylvania

JOSEPH HISEL

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No: 2:21-cv-1690
(To be supplied by the Clerk of this Court)

Pennsylvania

Department of Labor
and Industry

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

X OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: JOSEPH Hisel
- B. List all aliases: JOE Hisel ?
- C. Prisoner identification number: 21-3552
- D. Place of present confinement: will county Adult Detention Facility
- E. Address: 95 S. Chicago St Joliet IL 60436

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Pennsylvania Department of Labor and Industry
Title: Unemployment Benefits and Federal Pandemic Unemployment Assistance
Place of Employment: DONE Due to COVID-19
- B. Defendant: _____
Title: _____
Place of Employment: _____
- C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Hisel vs Lawrence County Corrections
2:21-cv-00980-LPL & 00934-LPL & 00935-LPL &
- B. Approximate date of filing lawsuit: 7-1-21
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Jae Hisel
- D. List all defendants: Lawrence County Corrections
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Federal Dist Western Pennsylvania
- F. Name of judge to whom case was assigned: Judge Lisa Pappalardo-Kenihan
- G. Basic claim made: Hipaa violation (civil) #1
Stolen Property from a Penial Institution #2
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Still pending
- I. Approximate date of disposition: don't know trying to pay Nov 11-7-21

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

4800 Stuebenville Pike was my Pitts Burgh Address from Jan 1 2019 thru Oct 19, 2020. I tried to file for unemployment starting on Feb 5, 2020 at least 6 x 9 month in Oct 2020 I got word via email I was denied I'm in Jail now I no longer have email or any paperwork on this. So after 8 months I finally was able to apply for Pennsylvania PUA I did so around Oct 1 2020 Since you have to wait for Reg Unemployment denial So I applied on line my email was JmHisel1968@gmail.com I used 4800 Stuebenville Pike Pitts PA as my address I heard nothing I sent via email All they asked I Believed I applied for Back pay from Feb 5, 2020. I went Homeless for weeks then To Jail no phone no Internet None. I had no choice But To write PA Dept of Labor and Industry from LCC Lawrence county Jail 11 S. Milton ST New castle Pa 16060 I did 88 Separate times to 16 different addresses 2 Responses even From the Harris Burgh office saying "Stop Bothering us and get a job we are Busy helping Real People". In my 88 letters each of them (The LCC Jail has mail log Records So they can't lie) I explained that I knew I could not collect in Jail

I was trying to do the Right thing to let them know that
 I came to Jail Oct 29th 2020 To only pay me from 2-5-20
 thru 10-29-20 Because I'd come to Jail I also
 explained to them I'd suffered from covid 19 2x that
 year and that I was self employed etc. I explained I'd
 Become Homeless with no mail to please Re send and
 that I only had Postal mail NO phone NO Internet
 Instead of Helping they just ignored my 88 plea's for
 help and trying to do the right thing But just
 forgetting about me Because I was in Jail and as time
 went on I would have no emails or paper work and simply
 give up. NO your Honor I will not the congress
 of the U.S.A. Said I was to have this legal money
 I qualified and am told them 88 x I was not legal after
 10-29-20 to pay me. I've done the right things and in
 the mean time I lost a child, my fiancée and my
 Freedom I do not intend to loose monies lawfully
 mine By the U.S. Congress and government its not
 Right at All I did not cheat or steal But was treated
 as I had

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

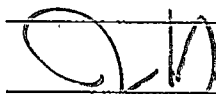
I Believe they owe me Pandemic Unemployment compensation
(I Really Have no Idea How much) From Feb 5, 2020
thru 10-24-2020 I've had covid 19 3x
hospitalized 2x for 43 days

VI. The plaintiff demands that the case be tried by a jury. ☐ YES ☒ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 7 day of Nov, 2021



(Signature of plaintiff or plaintiffs)

JOSEPH M HISE

(Print name)

21-3552

(I.D. Number)

WCAAF

95 S. Chicago ST

JOLIET IL 60136

(Address)